CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction C | Guide explains how to complete this form. | 2 Total pages filed: | | |
|---|--|--|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS(MR) FIRST Richard NICKNAME LAST Wibe SUFFIX | OFFICE USE ONLY Date Received Harlingen City Secretary's Office | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2822 N. 13th St. HarlingIn TX 78550 | JUL 1 6 2019 Received by: | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (956) 200 - 2574 | Date Hand-delivered or Date Postmarked | | |
| 6 CAMPAIGN TREASURER NAME | NICKNAME LAST AMBRIZ SUFFIX | Date Processed 7-10-19 Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 2309 N. Blake Harlingen TX 78550 | ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (956) 343-3835 | | | |
| 9 REPORT TYPE | July 15 Sth day before election Runoff Survey 15 Sth day before election Exceeded \$500 limit | 15th day after campaign treasurer appointment (Officeholder Onty) Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | 6 13 2019 THROUGH 07 | Day Year 15 / 2019 | | |
| 11 ELECTION | ELECTION DATE Month Day Year Primary Runoff Other Description General Special | | | |
| 12 OFFICE | OFFICE HELD (If any) City Commissions City Commissions City Con Pct. | nmissione/ | | |
| GO TO PAGE 2 | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | chard | Unbe | 15 Filer ID (Ethics Commission Filers) | | |
|---|---|---|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| Additional Pages | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | 1 % | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4100.00 | | |
| EXPENDITURE TOTALS | | OLITICAL EXPENDITURES OF \$100 OR LESS, | \$ | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 3950.70 | | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD | DAY \$ | | |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD | THE \$ \$49,80 | | |
| 18 AFFIDAVIT | | | | | |
| MAYRA VIRIDIANA HERRERA My Notary ID # 130459831 Expires December 7, 2019 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder | | | | | |
| AFFIX NOTARY STAMP / SEALABOVE | | | | | |
| Sworn to and subscribed before me, by the said Richard Oribe , this the 16th | | | | | |
| day of Jone, 2019, to certify which, witness my hand and seal of office. | | | | | |
| Layra Viridiana Herrera Ast. City Sec. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |
| | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME RICHARD Uribe 20 Filer ID (Ethics Con | mmission Filers) |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 4100 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3950.20 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Pobin Fams 6 Contributor address; City: State: Zip Code P.O. Box 1870 Harlingen 7x 78551 250.00 6-13-19 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#; Date Amount of contribution (\$) William Elliff Contributor address; 750. W City; State; Zip Code 27143 State Huy 345 San Benito, TX Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Pat Kornegay Contributor address; City; State; Zip Code 6-14-15 300. W 28/25 Normalinh San Benito, Tx 78586 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date MI chael Scafef Contributor address; City; State; Zip Code P.D. BOW 1064 San Benito, TX 78586 Out-of-state PAC (ID#; Amount of contribution (\$) 10-14-19 250.VO Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Full name of contributor out-of-state PAC (ID): Tudor Uhlhorn 6 Contributor address; City; State; Zip Code 2401 S 77 Sunshing Hurlingan Tx 78550 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Julie Uhlhorn Contributor address; City; State; Zip Code 2401 S. 77 Sunshine Harlingen TX 78550 Employer (See In: Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Martha Uhlhorn Contributor address; City: State; Zip Code 2401 Sin Durshine Harlingth Tx 78550 250,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code le-14-15 2,00.W 1314 5 Westagle Weslaw TX 78596 tion / Job title (See Instructions) Employer (See

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 250.UD 5348 Paphya CIV Harlingen TX 18552 tion / Job title (See Instructions) 9 Employer (See In Amount of contribution (\$) 1500.00 Full name of contributor Out-of-state PAC (IDS: Amount of contribution (\$) 150.00 Amount of contribution (\$) Heribeto Medvano Contributor address; City: State; Zip Code 200.00 2009 E. Harrison AM Harlingen Tx 1850 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense **Event Expense** Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Richard Uribe 3 Filer ID (Ethics Commission Filers) 5 Payee name (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T, **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Allay Moynik Star address: City; Stafe; Zip Code Harlingh Tx 78550 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code Payee address; 2636,52 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Advartising Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Event Expense

Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense
Gift/Awards/Mernorials Expense Legal Services

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$ 7 Payee address; 205.6X (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Frost Bank City; State; Zip Code 8.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Wank Fee OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 6-25-19 Frankie Flau's 200.00 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Food Beverages **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED